

# **Commonwealth of Massachusetts GIC Coordinator**

## **Long Term Disability Insurance Administration Manual**



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life and Accident Insurance Company, Hartford Life Insurance Company and CNA Group Life Assurance Company (pending state approval of name change to "Hartford Life Group Insurance Company"). All products administered by The Hartford. Some products underwritten by Continental Assurance Company or Continental Casualty Company.

## **TABLE OF CONTENTS**

<b>LTD Quick Facts .....</b>	<b>4</b>
<b>Frequently Asked Questions .....</b>	<b>5</b>
<i>What Has Changed Under The LTD Program? .....</i>	<i>5</i>
<b>Enrollment Procedures.....</b>	<b>7</b>
New Hires.....	7
Late Enrollment .....	7
<i>Can An “Open Enrollment” Be Conducted? .....</i>	<i>7</i>
<i>Can An Employee Enroll After He/She Waives Coverage? .....</i>	<i>7</i>
<b>Late Enrollment Procedures – After 31 days of becoming eligible .....</b>	<b>8</b>
<i>What If The Employee Is Not “Actively At Work” On His/Her Effective Date? .....</i>	<i>8</i>
<i>Will An Enrolled Employee Receive A Certificate? .....</i>	<i>9</i>
<i>When Does An Employee’s Coverage End?.....</i>	<i>9</i>
<i>Who Pays The Premium?.....</i>	<i>9</i>
<i>How Is Monthly Premium Calculated? .....</i>	<i>9</i>
<i>Is Premium Payable For Disabled Employees?.....</i>	<i>10</i>
<b>Claim Filing Procedures .....</b>	<b>10</b>
<i>How Is A Long Term Disability Claim Filed? .....</i>	<i>10</i>
Claims to File Early – Early Intervention .....	10
Filing an Early Intervention Claim .....	10
Filing a Claim .....	11
Claim Processing .....	11
<b>How Do I Order Supplies? .....</b>	<b>12</b>
<b>Ability Assist <sup>SM</sup> .....</b>	<b>13</b>
<b>Worldwide Travel Assistance Services .....</b>	<b>14</b>
<b>Samples.....</b>	<b>14</b>
❖ Claims Submission Packet	
❖ LTD Brochure	

## **LONG TERM DISABILITY INSURANCE ADMINISTRATION MANUAL**

This manual is supplied to assist you with administration of the GIC's Long Term Disability program. It contains information on all aspects of the program. This manual explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of any discrepancy between this manual and the contract, the terms of the contract apply. Complete details are in the certificate of insurance issued to each individual. If you have any questions about the content or procedures described within, please contact The Hartford.

<b>Policy Information</b>	
<b>Long Term Disability Policy Number: SR-83130411</b>	
<b>Long Term Disability Policy Effective Date: July 1, 2005</b>	
<i>(Be sure to include the above policy number on all correspondence relating to this coverage)</i>	
<b>Important Addresses and Phone/Fax Numbers</b>	
<b>Claim Filing or Claim Questions:</b>	<p>Tom McFadden, Primary Disability Specialist  Phone #: (407) 919-6316  Toll-free #: (866) 847-6343 Ext. 6316  Fax #: (407) 919-6329</p> <p>Frank Martinko, Back-up Disability Specialist  Phone #: (407) 919-6314  Toll-free #: (866) 847-6343 Ext. 6314  Fax #: (407) 919-6329</p> <p>Linda Walker, Claims Manager  Phone #: (407) 919-6365  Toll-free #: (866) 847-6343 Ext. 6365  Fax #: (407) 919-6329</p>
<b>Account Service Questions and Supplies:</b>	<p>Anne Brogan  Phone #: (617) 378-4610  Toll-free #: (800) 871-2071  Fax #: (617) 378-4633</p>
<b>Mailing Address For Claims &amp; Appeals:</b>	<p>The Hartford Group Benefits  Disability National Accounts  P.O. Box 946710  Maitland, FL 32794 – 6710</p>
<b>Commonwealth of Massachusetts Employees LTD Plan Web Site:</b>	<a href="http://www.maemployeesltd.com">www.maemployeesltd.com</a>
<b>Customer Service:</b>	Toll Free # (866) 847-6343

## LTD Quick Facts

**Policy Effective Date:**

July 1, 2005

**Eligibility:**

All *Actively at Work* full-time and half-time Commonwealth of Massachusetts employees working in the United States of America who work at least 18 ¾ hours in a 37 ½ hour work week or 20 hours in a 40 hour work week and who have completed the waiting period required by the Employer.

Seasonal and temporary employees are not eligible except as defined by the policyholder. Dependents are not eligible.

**Waiting Period:**

For employees in an eligible group on or before the Policy Effective Date: The lessor of two full calendar months or 60 Days of continuous active, full-time employment.

For new employees entering an eligible group after the Policy Effective Date: The lessor of two full calendar months or 60 Days of continuous active, full-time employment.

**Elimination Period:**

90 Days

180 Days with respect to the Catastrophic Disability Benefit

**LTD Monthly Benefit:**

50% of *Monthly earnings* to a maximum benefit of \$10,000 per month subject to reduction by deductible sources of income or *Disability Earnings*.

**Benefit Offsets:**

Benefits will be reduced by Social Security, Workers Compensation, Sick Leave, Salary Continuance, any Public Employee Retirement System Plan, or any State Teachers' Retirement System Plan.

**Maximum Period Payable:**

**Age on Date Disability Commences**

**Maximum Period Payable**

Age 61 or younger

To *Your* 65th birthday

Age 62

42 months

Age 63

36 months

Age 64

30 months

Age 65

24 months

Age 66

21 months

Age 67

18 months

Age 68

15 months

Age 69 or older

12 months

## Frequently Asked Questions

### *What Has Changed Under The LTD Program Since June 30, 2005?*

Plan Provision	Before 7/1/05	After 7/1/05
Minimum Benefit	\$100 or 10% of the gross monthly benefit, whichever is greater	Same
Substance Abuse Limitation	If an employee is disabled because of substance abuse, benefits will be payable for a maximum of 12 months. To be eligible for benefits the employee must participate in a substance abuse treatment program approved by the state.	Same
Catastrophic Disability Benefit	The Catastrophic Disability Benefit is 10% of Monthly earnings to a maximum Catastrophic Disability Benefit of \$5,000. The benefit is payable if the eligible employee is unable to perform at least 2 of the 6 Activities of Daily Living. Also included are a Caregiver Respite Benefit, Caregiver Training Benefit and Emergency Alert System Benefit.	Same
Ability Assist <sup>SM</sup>	The disabled employee has available to him/her unlimited telephonic access and a limited number of one hour face to face sessions with professional counselors as well as financial and legal advisors.	Same
Worldwide Travel Assist	This service is available to all covered employees. The program provides assistance to employees when they are traveling 100 miles or more from their primary home. Services include pre-trip assistance, medical emergency assistance and personal assistance services.	Same

***What Has Changed Under The Mental & Nervous Limitation Since June 30, 2005?***

Mental Illness Limitation**	<p>If an employee is disabled because of a mental disorder of any type, benefits will be payable for a total of 12 months, unless the employee is either</p> <p>(1) confined in a hospital or institution licensed to provide care and treatment for mental illness, or</p> <p>(2) receiving treatment in a psychiatric residential treatment program or in a partial hospital or day treatment program for at least 5 hours per day and at least 4 days per week.</p>	<p>If an employee is disabled because of a mental disorder of any type, benefits will be payable for a total of 24 months, unless the employee is either</p> <p>(1) confined in a hospital or institution licensed to provide care and treatment for mental illness, or</p> <p>(2) receiving treatment in a psychiatric residential treatment program or in a partial hospital or day treatment program for at least 5 hours per day and at least 4 days per week.</p>
-----------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

\*\*Mental & Nervous Limitation Administration: Enrolled employees who are "actively at work" as of July 1, 2005 are eligible for the 24 month outpatient benefit. The date of loss governs the benefit. Any date of loss prior to July 1, 2005 is subject to the 12 month benefit and any date of loss after July 1, 2005 is subject to the increased 24 month benefit.

## Enrollment Procedures

### New Hires:

New hires of the Commonwealth will be eligible to enroll in this program based on the same waiting period that applies to other GIC sponsored programs. Those employees who have transferred from one state agency to another state agency with no break in service may maintain their coverage without satisfying the new employee waiting period.

If new employees enroll when first eligible, no medical evidence of insurability will be required. The new employee should complete the enrollment form and return it to the GIC Coordinator so that coverage can commence at the same time as their other benefits. New hires that fail to enroll within 31 days of eligibility are considered late enrollees. They must complete a medical application for The Hartford's review and approval into the plan.

Please give new hires the following:

- ❖ GIC Enrollment and Change Form (Form-1)
- ❖ LTD Brochure

### Late Enrollment:

If an employee was eligible to enroll for LTD but did not elect to do so (or was enrolled and terminated coverage voluntarily or was terminated for nonpayment of premium), and later wishes to participate in the plan, that employee is considered a late enrollee. Late Enrollees must complete a medical application for The Hartford's review and approval to enter the Plan. It is important to realize that late enrollees will not automatically be accepted into the Plan. If approved, the effective date of coverage will be determined by the GIC.

**It is possible that coverage will not be granted if the applicant is found to be medically uninsurable.** It is therefore extremely important that you advise employees to enroll before the end of the 31-day period.

Please give late enrollees the following:

- ❖ GIC Enrollment and Change Form (Form-1)
- ❖ LTD Brochure

### ***Can An "Open Enrollment" Be Conducted?***

**"Open Enrollment"** refers to a period during which employees, who had previously waived or been denied coverage, are allowed to enroll in the plan without having to supply evidence of insurability.

The open enrollment for the LTD plan took place during the GIC's spring 2002 annual enrollment. No additional open enrollments have been approved as of the date of this manual.

### ***Can An Employee Enroll After He/She Waives Coverage?***

Yes, an employee who attempts to enroll for insurance more than 31 days after becoming eligible is considered a late enrollee and must comply with the following Late Enrollment Procedures.

## **Late Enrollment Procedures – After 31 days of becoming eligible:**

### **A) Steps to apply for LTD:**

1. Employee must complete and sign the GIC's Enrollment and Change Form (Form-1).
2. Sign the GIC's Enrollment and Change Form (Form-1) and review for completeness.
3. Copy Form-1 and file in the employee's personnel file
4. Send **original** Form-1 to the GIC

**GIC Systems Unit  
P.O. Box 8747  
Boston, Massachusetts 02114-8747**

5. The GIC will notify The Hartford of the pending application
6. The Hartford will send the employee a medical application to complete and return.
7. The GIC will notify the employee and the GIC Coordinator of The Hartford's decision.

### **B) Late applications will result in one of the following outcomes:**

- i) Approval
- ii) Rejection
- iii) Additional medical information required
  - Fees for obtaining the medical information are the responsibility of the late enrollee.
  - Applicants who do not respond in a timely fashion will have their files closed and must restart the application process if they still desire the insurance.

#### ***Approval – Employee Notification***

Notification is made to the employee via a copy of the application stamped "approved" with instructions to the applicant to attach the application to their insurance certificate, which they will receive at a later date. Premium deductions will begin one month prior to the effective date of coverage, or on a date to be determined by the GIC.

#### ***Approval – Employer Notification***

A copy of the employee's notification is sent to the GIC Systems Unit. The GIC Systems Unit will notify the GIC Coordinator of the approval. The employee's premium deductions will begin one month prior to the effective date of coverage, or on a date to be determined by the GIC.

#### ***Rejection – Employee Notification***

Notification is made to the employee that they are not insurable for this insurance.

#### ***Rejection – Employer Notification***

Notification is made to the GIC Systems Unit that the employee is not insurable for this insurance. The GIC Systems Unit will notify the GIC Coordinator of the rejection.

#### ***Additional medical information required***

Communication will be done directly with the employee regarding any further medical information required by The Hartford. The GIC Systems Unit will be notified upon approval or rejection of the application.

### ***What If The Employee Is Not "Actively At Work" On His/Her Effective Date?***

**Injury and Sickness** – If the employee is not "Actively at Work" because of *Injury or Sickness* on the date the insurance coverage would have otherwise taken effect, the employee's insurance will become effective on the day the employee returns to *Active Work* for one full day.

**Holidays, Saturday, Sunday** – If the day the employee would otherwise be insured occurs on a Saturday, Sunday or holiday, the employee's insurance will become effective on that day if the employee is able to perform their regular schedule on that day and was "Actively at Work" on the last regularly scheduled work day.



**Vacation** – Normal vacation is considered active employment. If the day the employee would otherwise be insured occurs while the employee is on a bona fide vacation from work, the employee's insurance will become effective on that day.

### ***Will An Enrolled Employee Receive A Certificate?***

The Hartford will mail certificates of insurance to each enrolled employee to his/her home address. The certificates will describe the benefits, to whom they are payable, the policy limitations and where the policy may be inspected.

### ***When Does An Employee's Coverage End?***

An employee's coverage will terminate on the earliest of the following dates:

- 1) the date on which the policy is terminated;
- 2) the date on which premium is due, but has not been paid;
- 3) the date the employee:
  - a) is no longer a member of a class eligible for this insurance,
  - b) withdraws from the program,
  - c) is retired or pensioned, or
  - d) ceases work because of an unapproved leave of absence, furlough, layoff, or temporary work stoppage due to a labor dispute, however, The Hartford will extend coverage for a leave of absence approved by the Employer, subject to continued payment of premium, for a period not to exceed 12 months. If premium is inadvertently paid beyond the 12-month extension of coverage or while on an unapproved leave of absence, The Hartford will make an adjustment to the next required premium payment and the Employer will provide a refund of any overpaid premium to the Employee. Orders to active military service for 2 months or less will be covered subject to continued payment of premium.

Termination will not affect a covered loss that began before the date of termination.

### ***Who Pays The Premium?***

Those eligible employees who have chosen to enroll in this insurance program are paying all premium cost for this insurance coverage. Employees' contributions to the cost should be collected from them via regular payroll deduction or direct billing.

### ***How Is Monthly Premium Calculated?***

Premium is calculated by dividing the total insured base annual earnings by 1,200 and multiplying by the appropriate age-banded rate.

A rate increase that is due to a change in age or in salary should be effective the first day of the second month following the employee's birthday or salary change.

Do not include annual earnings for any individual in excess of \$240,000 per year in the premium calculation.

Program rates are stated in 5-year age bands:

<u>Insured Employee's Attained Age As Of The Latest Of:</u>	<u>Rate Per \$100 of Monthly earnings</u>
1) Policy Effective Date,	
2) Individual Effective Date, or	
3) Most Recent Birthday	
20 or younger	0.10
21 – 24	0.10
25 – 29	0.12
30 – 34	0.17
35 – 39	0.22
40 – 44	0.41
45 – 49	0.60
50 – 54	0.84
55 – 59	1.06
60 – 64	0.96
65 – 69	0.45
70 or older	0.25

### ***Is Premium Payable For Disabled Employees?***

The Hartford will waive premium for an insured employee during the period of disability for which the LTD monthly benefit is payable under the policy. Premium payment is required during the Insured employee's elimination period. During this period, the insured employee's insurance will remain in force. Long Term Disability premium payment should resume when the employee returns to work.

## **Claim Filing Procedures**

### ***How Is A Long Term Disability Claim Filed?***

Disability management and accurate, efficient payment of benefits are what employees expect as part of the disability program from The Hartford. So that we may provide our best service, please read this section carefully.

**Because of the complexity of LTD claim reviews and the importance of a timely response, it is essential that all LTD claim forms be filled out completely and accurately.**

**PLEASE NOTE THAT ALL GIC COORDINATORS ARE REQUIRED TO PROVIDE CLAIM-RELATED INFORMATION TO THE HARTFORD WITHOUT EXCEPTION. THE HARTFORD SHALL DETERMINE THE MERIT OF ALL DISABILITY CLAIMS**

### **Claims to File Early – Early Intervention**

Early intervention on disability claims is an integral part of any disability management program. Continental Casualty Company's Early Intervention Claim Program is provided with the employee's LTD coverage at no additional charge. The program is intended to provide advance notification on claims with potential to exceed the LTD elimination period. By using this service, potential LTD claims can be more effectively managed by Continental Casualty Company, even during the LTD elimination period. This should result in improved service and experience for your program. Advance notification is critical to the success of this program.

### **Filing an Early Intervention Claim**

When an employee is disabled as a result of one of the conditions or procedures listed below, please have them complete a claim form and send it to The Hartford as soon as possible after they cease working due to a disability.

- ❖ Chronic Fatigue/Epstein Barr Syndrome
- ❖ Mental/Psychiatric Disorders
- ❖ Fibromyalgia

- ❖ Multiple Sclerosis
- ❖ Systemic Lupus Erythematosus (SLE)
- ❖ Cardiovascular Conditions
- ❖ Back Surgery
- ❖ Repetitive Motion Injuries (such as Carpal Tunnel)

If the claim is found to be appropriate for Early Intervention, a Disability Specialist and Nurse Case Manager will immediately begin processing of the claim.

## Filing a Claim

When an employee's disability (including disabilities caused by occupation related sickness or injury) is likely to continue beyond the 90-day elimination period, the following steps should be followed:

- 1) Approximately 45 days before the end of the elimination period, the employee should call The Hartford using the dedicated toll free number 1-866-847-6343 to request a claim submission packet. They may also access the packet via the web site at [www.maemployeesltd.com](http://www.maemployeesltd.com).

The Hartford will send the employee a claim submission packet within 24 hours. The packet will contain:

- ❖ Claim Submission Instruction letter
- ❖ LTD Employer Statement (Part I)
- ❖ LTD Employee Statement (Part II)
- ❖ Attending Physician Statement (Part III)
- ❖ The Hartford Return Envelope

- 2) The employee should:

- a) Give the LTD Employer Statement (Part I) to the GIC Coordinator to complete and return to the employee.
- b) Give the Attending Physician Statement (Part III) to the Physician to complete and return to the employee.
- c) Complete the LTD Employee Statement (Part II).

- d) Return the LTD Employer Statement (Part I), the LTD Employee Statement (Part II), and the Attending Physician Statement (Part III) to The Hartford in the Return Envelope **within 14 days**.

## Claim Processing

**Initial Claim Processing.** When The Hartford receives the LTD Claim Forms, they will assign a claim number and advise the employee of that number.

To qualify for benefits, an insured employee must:

- 1) be disabled during the 90-day elimination period and beyond in accordance with the policy provisions; and
- 2) meet all eligibility requirements as outlined in the policy.

In addition, premium for the coverage provided under the policy must be paid to date.

Once the 90-day elimination period ends, claim payments are made in accordance with the policy provisions. Claim payments will be sent directly to the claimant unless otherwise specified.

If additional information is needed to make the initial evaluation of the claim, The Hartford will contact the GIC Coordinator, the employee, or the employee's physician to obtain this information.

**Continued Claim Processing.** After benefits begin, additional medical information will be necessary to support continued disability and to verify that the employee is under the appropriate regular care and attendance of a physician. The employee's condition and the physician's prognosis determine how frequently this information is needed.

**Other Disability Benefits.** The LTD program, together with any other disability benefits, is designed to provide the employee with adequate replacement income. Therefore, the LTD benefit will be reduced by other income received

by the employee, including Social Security, Workers Compensation, Sick Leave, Salary Continuance, any Public Employee Retirement System Plan, or any State Teachers' Retirement System Plan.

Example:

Monthly Salary	\$1200 per month	
Gross Monthly Benefit	\$1200 X 50% = \$600 per month	
LTD Benefit Calculation	Gross Monthly Benefit	\$600.00
	Less Workers Compensation	<u>-300.00</u>
	Net Monthly Benefit	\$300.00

When it is apparent that the employee is entitled to any of these benefits, he or she should make prompt application for them. Please call The Hartford to discuss any questions you may have.

If it is likely that the employee's disability will last for 12 full calendar months or more, the policy requires that the employee file for Social Security Disability Benefits, if eligible. The Hartford's Claim Department will provide detailed instructions regarding Social Security filing procedures.

The policy also requires that the employee file for all other disability benefits for which the employee is entitled.

**Additional Information.** The Hartford may request specific information by correspondence or personal contact with the GIC Coordinator, the disabled employee, or the employee's attending physician. The Hartford will send the GIC copies of correspondence that is sent to the employee regarding benefit approval, pending claim notification and claim closures.

**Waiver of Premium.** Once The Hartford begins benefit payments, premium payments will stop. When the employee returns to work, premium payments resume. The GIC must be notified when an employee returns to work.

**Appeal Procedures.** Claim decisions, including denials or termination of benefits, will be communicated directly to the claimant. The GIC will also receive notice of denial. Appeals of claim decisions must be made in writing within 180 days of the date the decision was communicated to the employee (the date of the denial letter).

Appeals should be submitted to the Claim Department address shown in the "**Important Addresses**" section of this manual.

APPEALS SHOULD INCLUDE THE FOLLOWING:

- ❖ reason(s) for requesting the appeal; and
- ❖ additional documentation in support of the request. This includes objective medical information relevant to the issues and time period surrounding the claim.

The appeal decision will be communicated directly to the person requesting the review. The GIC will also be notified of the decision.

### ***How Do I Order Supplies?***

Please call Anne Brogan at 617-378-4610 or toll free at 1-800-871-2071 for all supplies.

## Ability Assist<sup>SM</sup>

Ability Assist<sup>SM</sup> is a unique claim service that we have included as a part of your group Long Term Disability (LTD) insurance program. Services available under this program include access to professional counselors as well as access to financial and legal advisors. Ability Assist<sup>SM</sup> services are provided through Bensinger, DuPont & Associates (BDA) – one of the most successful and experienced groups offering such services.

A disabled employee will receive information about accessing Ability Assist<sup>SM</sup> with his or her first LTD benefit check. By calling a toll-free number, the disabled employee or an immediate family member will receive assistance from a BDA counselor who will help him or her develop an assistance plan to address emotional, financial and/or legal concerns. The BDA counselor will maintain the confidentiality of all information, and will coordinate all services and referrals. The assistance plan may include any of the following services:

- 1) **Referral to professional services.** BDA counselors will refer disabled employees and/or their family members to appropriate counselors, financial and/or legal advisors within the BDA networks. Counselors will provide assessment of emotional concerns and referrals to appropriate resources and providers. (*Counseling services provided by BDA will not include treatment of emotional problems.*) Financial and legal advisors will provide assistance with financial planning and legal matters such as tax filing questions, serious debt issues, guardianship or power of attorney. (*Legal services will not be provided for court proceedings, preparation of briefs for legal appearances or actions or for any action against any party providing Ability Assist<sup>SM</sup> services.*)
- 2) **Unlimited phone contact.** Disabled employees and their family members will have unlimited telephone access to BDA counselors and the financial and legal advisors in BDA's networks while they are receiving long-term disability benefits, for up to 2 years.
- 3) **Face-to-face working sessions.** Five face-to-face working sessions of one hour each are available to the disabled employee and his or her family members. The disabled employee and/or family members may use the 5 sessions as follows:
  - ❖ Up to 2 sessions with a counselor for assessment of emotional concerns, and the remaining sessions with financial and/or legal advisors;
  - ❖ All 5 sessions with one financial or legal advisor; or
  - ❖ Split the 5 sessions between 2 or more financial or legal advisors.
- 4) **Referral to Support Resources.** BDA counselors may also refer claimants and/or their family members to support services and resources such as:
  - ❖ Homemaker services
  - ❖ Assistive equipment and home remodeling
  - ❖ Home-delivered meals
  - ❖ Community and governmental agencies serving the disabled
  - ❖ Adult day care and respite care for caregivers
  - ❖ Daycare for children and elderly parents

**Ability Assist<sup>SM</sup> disclosures:** Ability Assist<sup>SM</sup> services are provided by Bensinger, DuPont & Associates (BDA). Continental Casualty Company and Continental Assurance Company (herein The Hartford) do not provide any part of the Ability Assist<sup>SM</sup> services. Neither BDA nor The Hartford is responsible or liable for care or advice rendered by any referral resources. Services provided under this program can change at any time, without notice.

## **Worldwide Travel Assistance Services**

Worldwide Travel Assistance is another LTD benefit. It provides assistance to employees when they are traveling 100 miles or more from their primary home.

Worldwide Travel Assistance Services are provided by Worldwide Assistance Services, Inc., (WA) part of the Europe Assistance Group, the world's largest and most experienced travel assistance organization. Multilingual professionals have the experience and resources to help with personal or medical travel emergencies 24 hours a day, 365 days a year in more than 200 countries around the world. The following Emergency Medical and Personal Assistance Services are available under this program:

### **Pre-Trip Assistance**

- ❖ Visa, passport and inoculation requirements
- ❖ Cultural information
- ❖ Embassy and consular referrals
- ❖ Travel advisories
- ❖ Temperature and weather conditions
- ❖ Foreign exchange rates

### **Emergency Medical Assistance Services**

- ❖ Local medical referrals
- ❖ Medical evacuation or repatriation
- ❖ Emergency medical payments
- ❖ Companion travel
- ❖ Return of remains
- ❖ Replacement of medication and glasses

### **Personal Assistance Services**

- ❖ Emergency messages
- ❖ Arrangements for emergency cash
- ❖ Emergency travel arrangements
- ❖ Interpretation/translation
- ❖ Location of lost items
- ❖ Arrangements for legal assistance/bail



**Commonwealth of Massachusetts  
Group Insurance Commission**

**GROUP LONG TERM DISABILITY  
INITIAL CLAIM SUBMISSION  
Commonwealth of Massachusetts**

To: Commonwealth of Massachusetts Employee

From: Commonwealth of Massachusetts Disability  
Management Team

We received a request to provide you with a Long Term Disability Claim Submission Packet. Enclosed you will find instructions for filing a Long Term Disability claim, the claim forms which should be completed and submitted to The Hartford, and a return envelope.

If you have any questions regarding the enclosed documents, the claim filing process, or your Long Term Disability plan, please feel free to contact The Hartford at 1-866-847-6343 or visit the LTD website at [www.maemployeesltd.com](http://www.maemployeesltd.com)

Upon filing a disability claim, you may be contacted by a Hartford disability specialist before a disability benefit can be paid to you. It is in your best interest to cooperate fully to eliminate any delay in processing your claim for benefits.



**Commonwealth of Massachusetts  
Group Insurance Commission**

**GROUP LONG TERM DISABILITY**

**Commonwealth of Massachusetts  
Group Insurance Commission**

**CLAIM SUBMISSION INSTRUCTIONS**

**How do you file a claim for LTD benefits?**

To file a claim for benefits, the three enclosed STATEMENTS and two authorizations must be completed and returned to Group Benefits.

1. Give the EMPLOYER'S STATEMENT (Part 1) to your GIC Coordinator to complete. This form should be returned to you upon completion.
2. Complete the top section of the PHYSICIAN'S STATEMENT (Part 3) which identifies you. Make sure that you also sign and date the appropriate spaces for the authorization in this section.
3. Next, give the PHYSICIAN'S STATEMENT to your doctor to complete and instruct your doctor to return the form to you.
4. In the meantime, you should complete the LTD EMPLOYEE'S STATEMENT (Part 2) and hold this form until you receive the completed PHYSICIAN'S STATEMENT from your doctor and the EMPLOYER'S STATEMENT from your GIC Coordinator.
5. Once you receive the completed STATEMENTS, return ALL THREE STATEMENTS and two authorizations, to the following address:

Group Benefits  
P.O. Box 946710  
Maitland, FL 32794-6710

**When do you file a claim for LTD benefits?**

If you are disabled as a result of one of the conditions or procedures listed below, please submit a claim to Group Benefits as soon as possible after you cease working, or no later than 14 days from receipt of the LTD submission packet.

- Chronic Fatigue/Epstein Barr Syndrome
- Mental/Psychiatric Disorders
- Fibromyalgia
- Multiple Sclerosis
- Systemic Lupus Erythematosus (SLE)
- Cardiovascular conditions
- Back surgery
- Repetitive motion injuries (such as Carpal Tunnel)

If you are disabled as a result of a condition not listed above, the LTD claim form should be completed and sent to Group Benefits no later than **45** days after you cease working due to your disability.

**PLEASE NOTE: IT IS YOUR RESPONSIBILITY TO ENSURE THAT ALL 3 FORMS ARE SENT TO GROUP BENEFITS AT THE SAME TIME. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN A DELAY IN BENEFIT PAYMENT OR CLOSURE OF YOUR CLAIM BECAUSE THE INFORMATION NEEDED IS INCOMPLETE.**

If you need additional assistance, contact your GIC Coordinator, call Group Benefits toll free at 1-866-847-6343, or visit our website at [www.maemployeesltd.com](http://www.maemployeesltd.com).

**Administered by:**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life and Accident Insurance Company, Hartford Life Insurance Company and CNA Group Life Assurance Company (pending state approval of name change to "Hartford Life Group Insurance Company").







# Commonwealth of Massachusetts Group Insurance Commission LTD EMPLOYER'S STATEMENT

**MAIL FORM TO:**  
Group Benefits  
PO Box 946710  
Maitland, FL 32794-6710  
1-866-847-6343

## Part I

**INSTRUCTIONS TO EMPLOYER:** Complete the Employer's Statement & **attach job description**. Instruct employee to complete Employee's Statement and have Physician's Statement completed. Employee should mail the forms so that they **ARRIVE** at least **30 days before the end of the elimination period**.

Employee Name (Last, first, middle initial)		Employee Telephone No. (Include Area Code) (       )	Date of Birth
Address (Street number, city, state, zip code)			
Date last worked prior to current disability	Base Annual Salary:		Salary Effective Date:
Employee Occupation:	Job Duties: If not identified on job description, include physical activities, hazards and skills required		
Is disability due to injury or sickness arising out of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, send copy of Report of injury form.)			
<b>Has the Employee filed for Workers' Compensation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and Address of Workers' Compensation Carrier/Agency			
Adjuster:		Date Benefits Began	
Phone #:		W/C Claim #:	
<b>Please indicate any benefits your employee has received or is entitled to receive during this disability. This would include but not be limited to company sponsored short-term benefits. State disability benefits, sick pay, salary continuance, commissions and / or bonuses</b>			
<input type="checkbox"/> Sick Pay <input type="checkbox"/> State Disability Income <input type="checkbox"/> STD: <input type="checkbox"/> Retirement (PERAC) <input type="checkbox"/> Other Sources (Explain): <input type="checkbox"/> Amount of Benefits: \$ _____ Per _____			
Date Benefit Began:		Date Benefit Paid Through:	
GIC Coordinator Name (Please Print)		Agency Name and Address	
Completed By (Signature)	Date Completed		Phone Number

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life and Accident Insurance Company, Hartford Life Insurance Company and CNA Group Life Assurance Company (pending state approval of name change to "Hartford Life Group Insurance Company").

GIC Revised 5/04

**Administered by:**





# Commonwealth of Massachusetts Group Insurance Commission LTD EMPLOYEE'S STATEMENT

MAIL FORM TO:  
Group Benefits  
P.O. Box 946710  
Maitland, FL 32794-6710  
1-866-847-6343

## Part II

**Use a separate piece of paper to answer any questions where space does not permit.**

Name (Last, first, middle initial)		Telephone No. (Include Area Code)		Date of Birth					
Home Address (Street number, city, state, zip code)				Social Security Number					
Mailing Address, if different from Home Address (Street number, city, state, zip code)									
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		If married, Spouse's Name & Birth Date		Number of Dependent Children:					
				Birth Date of Youngest Dependent:					
Have you applied for or are you receiving benefits from:	Applied		Receiving		Date Applied For	Amount Received		Effective Date	Paid Thru Date
	Yes	No	Yes	No		Weekly	Monthly		
	a. Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	b. Workers' Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	c. State Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	d. Retirement or Pension, (PERAC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
e. Sick Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>*Please Attach copies of letters or notices related to these Other Benefits</b>									
If due to injury, how and when did this accident occur?				Date first treated for this sickness or injury:					
How does sickness/injury prevent you from returning to work?				Date last worked prior to current sickness/injury:					
				On what date were you able to or do you expect to return to work?					
<b>List primary physicians you consulted because of this disability. (Please attach a separate piece of paper if necessary)</b>									
Physician's Name		Address		Phone No. (Incl. Area Code)		Dates Treated			
1.		1.				1.			
2.		2.				2.			
3.		3.				3.			
4.		4.				4.			
5.		5.				5.			
<b>List all hospital confinements for this disability. (Please attach a separate piece of paper if necessary)</b>									
Name of Hospital		Address		Date Confined					
<b>Important: The following authorization must also be completed by the Employee:</b>									
<p>I AUTHORIZE The Hartford to release all of its collected health and financial information concerning me, including medical record information, for the purpose of evaluating my claim(s) for Life, Accident, or Disability Income benefits administered or insured by The Hartford. I AUTHORIZE The Hartford to provide a complete copy of my claim file and/or information concerning my health and finances, claim status, or summaries thereof, to my employer through the appropriate employee benefit/human resources coordinators for the purpose of processing my claim(s) or for the proper administration of the employer's group benefit plan, including any disclosures which may be needed in order to facilitate my return to work with my employer. I further Authorize The Hartford to disclose any collected health or financial information, including medical record information, to my employer's Workers' Compensation carrier, in the event I file a Workers' Compensation claim and such information is requested of The Hartford.</p> <p><b>I UNDERSTAND that I may receive a copy of this authorization and that this authorization is valid for the entire duration of my claim. I UNDERSTAND that I may revoke this Authorization at any time by providing written notice to The Hartford, except to the extent that an individual has taken action in reliance upon such authorization prior to notice of the revocation. I AGREE that a photographic copy of this authorization shall be as valid as the original.</b></p>									
Name (Please Print)		Signature		Date Signed					

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life and Accident Insurance Company, Hartford Life Insurance Company and CNA Group Life Assurance Company (pending state approval of name change to "Hartford Life Group Insurance Company").

Administered by:



**PHYSICIAN'S STATEMENT****Part III****PLEASE PRINT – Use a separate sheet of paper to answer questions where space does not permit.**

Patient's Name	Date of Birth
Patient's Address – Street, City, State, Zip Code	Phone Number (Area Code First)
Employer's Name	Policy Number <b>SR-83130411</b>
I hereby authorize release of information on this form , by the physician name on the reverse side of this form for the purpose of claim processing. Signature: _____ Date: _____	

**1. HISTORY**

- (a) When did symptoms first appear or accident happen? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- (b) Date of first visit: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- (c) Date you first advised patient to cease work: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- (d) Has patient ever had same or similar condition? ☐Yes ☐No  
If yes, please state when and describe:
- (e) Is condition due to injury or sickness arising out of patient's employment? ☐Yes ☐No ☐Unknown

**2. MEDICAL CONDITION**

- (a) Diagnosis:
- (b) Complications:
- (c) Symptoms:
- (d) OBJECTIVE FINDINGS (Please attach reports including x-rays, EKG's, Lab Data and any clinical findings):

**3. NATURE OF TREATMENT**

- (a) What are the treatment plans?
- (b) Surgery:
- (c) Medications:
- (d) Has this person been referred to another physician? ☐Yes ☐No  
Name and address of this physician:
- (e) Date of last visit: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- (f) Is further treatment required?

**4. PHYSICAL LIMITATIONS**

What are the specific limitations (i.e., lifting, standing, stooping)

**5. Does this person have mental or nervous limitations?** ☐ Yes ☐ No  
If yes, please describe:

**6. PROGNOSIS (Recovery and return to work date)****REMARKS:**

Name (Physician) Please Print

Specialty

Telephone

(      )

Address – Street, City or Town, State or Province, Zip Code

Signature

Date

**MAIL COMPLETED FORM AND OFFICE RECORDS TO:**

**Group Benefits  
P.O. Box 946710  
Maitland, FL 32794-6710  
1-866-847-6343**

**Administered by:**

### WHEN DOES COVERAGE END?

Your coverage ends if you do not pay your premium, you leave employment with the Commonwealth, or are no longer eligible due to a change of employment status.

### ADDITIONAL BENEFITS AND SERVICES

#### ***Recurrent Disability***

If you return to work and become disabled again due to the same sickness or injury within six months, you will not have to satisfy a new waiting period.

#### ***Waiver of Premium***

If you become totally disabled and are receiving benefits under the policy, premiums are waived. Keep in mind, that premiums are required during the 90-day elimination period.

#### ***Work Incentive Benefit***

For up to 24 months after you return to work, your disability benefits plus your salary may equal 100% of your pre-disability earnings.

#### ***Survivor Benefit***

If you were to die after satisfying the 90-day elimination period or after receiving a disability benefit, a benefit is paid for three months to your beneficiary in the same amount that was being paid to you at the time of death.

#### ***Worksite Modification***

Should you become disabled, The Hartford will work with your agency and your treating physician to identify potential modifications that will likely help you remain at work or return to work.

### ***Social Security Assistance***

When necessary, The Hartford will provide an advocate to help you apply for and secure Social Security disability benefits.

The Hartford will then coordinate benefits with Social Security payments. The maximum amount payable to you in disability payments will be reduced by your family's Social Security benefit.

### IS THERE A BENEFIT FOR MENTAL HEALTH DISABILITY?

Benefits are payable for twenty-four months or for as long as the insured:

- Is confined to a hospital or other licensed facility or
- Receives psychiatric residential treatment or partial hospital or day treatment for at least five (5) hours per day and at least four (4) days per week.

### ARE THERE ANY EXCLUSIONS IF I FILE A CLAIM?

If you have not been covered by the GIC's LTD Plan for twenty-four (24) consecutive months, a pre-existing condition limitation applies. If you have a condition for which medical treatment or advice was given in the twelve (12) months prior to your effective date of insurance, that condition is considered pre-existing and will be excluded. A condition will not be considered pre-existing if it causes a disability that begins after you have been covered under the policy for 24 consecutive months.

Long Term Disability (LTD) benefits are not payable for disabilities resulting from war, suicide, felony or while incarcerated.

### HOW IS A DISABILITY DEFINED?

Total disability is not required during the elimination period to become eligible for benefits. The Hartford uses a dual definition of disability.

You are considered disabled and eligible for benefits if either of the two qualifiers is met:

#### ***Occupation Qualifier***

During the first 24 months you are unable to perform the material and substantial duties of your regular occupation due to a disability. After 24 months the occupation qualifier is fulfilled if you continue to be unable to perform any occupation for which you are qualified by education, training or experience.

**OR**

#### ***Earnings Qualifier***

The earnings qualifier is satisfied if you are working in an occupation, approved by The Hartford, for which you are qualified by education, training or experience, but are unable to earn more than 80% of your pre-disability earnings due to an injury or sickness.

**Any questions please call toll free 1-866-847-6343 or visit [www.maemployeesltd.com](http://www.maemployeesltd.com)**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life and Accident Insurance Company and CNA Group Life Assurance Company (pending state approval of name change to "Hartford Life Group Insurance Company"). This brochure is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the services described. Remember that only the insurance policy can give actual terms, coverage, amounts, conditions and exclusions.



Commonwealth of Massachusetts  
Group Insurance Commission

## ***Employees' Long Term Disability Insurance (LTD)***



**S**afeguard your world. The important things that make up your world are what you work for – a good life for yourself and your family, education for your children, a sense of self-worth that comes from doing a job well. What would happen if you couldn't work because of a lengthy illness or a serious injury? After your sick time benefits are used up, would you have money coming in to pay the bills? Or, would you have to use the money you've set aside for your children's education or your retirement?

Long Term Disability (LTD) insurance from The Hartford can help you safeguard your financial security. If you enroll in this program and are unable to work for 90 days because of an illness or injury, you will receive benefits, as long as you meet the definition of disability. That money would replace some of your income while you are unable to work full or part time. The benefits from The Hartford's (LTD) program go beyond money. Disability specialists will work with you, your doctor and your employer to find ways to help you get back to work – and back to a normal productive life.

Disabilities are costly – physically, emotionally, mentally and financially. And the threat of disability is very real. Consider these facts\*:

- Income lost through disability is two times as great as auto accidents, and three times as great as fire losses\*.
- a 38 year old person has a 50% chance of being unable to work for more than three months, before he or she turns 65\*\*.

\* John Hewitt Associates Disability Fact Book 2003/2004 edition, page 14.

\*\* Society of Actuaries (SOA) Money Magazine Apr 2000

### WHY DO I NEED COVERAGE?

Disabilities often require time away from work during recuperation. While you are disabled employers are not required to pay your salary. Yet the bills for mortgage or rent, groceries, utilities, car payments, insurance, credit cards will continue.

Take a moment and consider how much you need to spend on the following each month:

- *Mortgage or rent*
- *Car payments*
- *Credit card bills*
- *Food, utilities, clothing and entertainment*
- *Tuition, day care or child support*
- *Any other regular monthly expense*

### WHAT IS THE BENEFIT?

You can protect 50% of your monthly base salary to a maximum of \$10,000.

$$\frac{\text{Base Salary}}{\text{Maximum Benefit}} \times .50 =$$

### THE SOLUTION:

#### LONG TERM DISABILITY INSURANCE FROM THE HARTFORD

Long Term Disability coverage can help. Just think of it as replacement for your income. If you become disabled, and qualify for benefits, LTD coverage will pay you up to 50% of your monthly base salary tax free to a maximum of \$10,000 per month. There is a minimum benefit of \$100 per month.

### ELIGIBILITY

Active full-time Commonwealth of Massachusetts employee's, or half-time employee working a minimum of 18 ¾ hours in a 37 ½ hour week or 20 hours in a 40 hour week.

### HOW MUCH DOES COVERAGE COST?

The GIC's Long Term Disability Program is very affordable. Follow the instructions below to calculate your monthly premium:

- Your premium will be adjusted when there is a change in your age and/or salary.
- Premiums are conveniently paid through payroll deduction, with after-tax dollars.

Age	Monthly Premium
	per \$100 of Monthly Earnings
Under 20	\$0.10
20-24	\$0.10
25-29	\$0.12
30-34	\$0.17
35-39	\$0.22
40-44	\$0.41
45-49	\$0.60
50-54	\$0.84
55-59	\$1.06
60-64	\$0.96
65-69	\$0.45
70 +	\$0.25

Rates effective July 1, 2005.

#### Calculate Premium as follows:

Step One – Calculate premium subtotal

$$\frac{\text{Annual Salary}}{\text{Subtotal}} \text{ Divide by } 1200 =$$

Step Two – Round to the nearest hundredth

Step Three – Calculate your monthly premium

$$\frac{\text{Subtotal}}{\text{Rate}} \times = \text{Monthly Premium}$$

### LOW COST COVERAGE YOU CAN COUNT ON

The Hartford is one of the nation's leading insurance carriers, with a 50-year history of providing dependable group benefits. Our knowledgeable, caring employees focus on abilities – not limitations – to help employees with disabilities return to active, productive lives whenever possible.

### HOW DO I ENROLL?

You may enroll if you are a new hire within 31 days from your start date without providing proof of good health. You may apply anytime during the year with proof of good health by completing the GIC's Form-1. The Hartford will then send you a Group Disability Proof/Evidence of Insurability Application to complete and return.

### HOW LONG ARE BENEFITS PAID IF I AM DISABLED?

Benefits will be paid until you are no longer considered disabled, or until you reach the maximum payable period below:

Age at Disability	Duration of Payments
Under age 61	to age 65
61	4 years
62	3 ½ years
63	3 years
64	2 ½ years
65	2 years
66	1 ¾ years
67	1 ½ years
68	1 ¼ years
69+	1 year

**THANK YOU FOR YOUR ASSISTANCE WITH THE ADMINISTRATION OF THIS VERY  
IMPORTANT INSURANCE PROGRAM.**

